

## Combination Vaccines

Combination Vaccine	Antigens	Approved Ages	Recommended Ages/Doses
<b>ADACEL</b>	<b>Tetanus, Diphtheria, acellular Pertussis</b>	<b>11-64 yrs</b>	<b>11-12 yrs</b>
<ul style="list-style-type: none"> <li>• Combination of DAPTACEL.</li> <li>• Five years should have elapsed since the recipient's last dose of tetanus toxoid, diphtheria toxoid and/or pertussis containing vaccine.</li> </ul>			
<b>BOOSTRIX</b>	<b>Tetanus, Diphtheria, acellular Pertussis</b>	<b>10-18 yrs</b>	<b>11-12 yrs</b>
<ul style="list-style-type: none"> <li>• Combination of INFANRIX.</li> <li>• Intramuscular administration.</li> <li>• Five years should elapse between the patient's last dose of the recommended series of childhood DTP and/or DTaP vaccine and the administration of BOOSTRIX.</li> </ul>			
<b>COMVAX</b>	<b>Hepatitis B, Haemophilus influenzae type b</b>	<b>6 wks – 15 mo</b>	<b>2, 4, and 12-15 mo</b>
<ul style="list-style-type: none"> <li>• Combination of PedvaxHIB and Recombivax HB.</li> <li>• Intramuscular administration.</li> <li>• May be used in infants whose mothers are HBsAg + or whose HBsAg status is not known.</li> </ul>			
<b>PEDIARIX</b>	<b>Diphtheria, Tetanus, acellular Pertussis/ Hepatitis B/ Inactivated Poliovirus</b>	<b>6 wks – 6 yrs</b>	<b>2, 4, and 6 mo</b>
<ul style="list-style-type: none"> <li>• Combination of INFANRIX, ENGERIX-B, and IPOL.</li> <li>• Intramuscular administration.</li> <li>• Approved for the first 3 doses (2, 4, 6 months) of the DTaP and IPV series.</li> <li>• It is not approved for the fourth or fifth (booster) doses of DTaP or IPV series.</li> <li>• May be used in infants for the 2, 4, 6 months doses, although the infant received the birth dose of Hepatitis B or to complete a series from a different manufacturer.</li> <li>• May be used to complete the first 3 dose of the IPV series in infants who have received 1 or 2 doses of IPV or to complete a series from a different manufacturer.</li> <li>• It is <b>not</b> recommended for completion of the first 3 doses of the DTaP vaccination series initiated with a DTaP vaccine from a different manufacturer.</li> </ul>			

<b>Combination Vaccine</b>	<b>Antigens</b>	<b>Approved Ages</b>	<b>Recommended Ages/Doses</b>
<b>ProQuad</b>	<b>Measles, Mumps, Rubella, and Varicella</b>	<b>12mo-12yrs</b>	
<ul style="list-style-type: none"> <li>• Combination of MMRII and Varivax.</li> <li>• Subcutaneous administration.</li> <li>• ProQuad may be used in children 12 months to 12 years of age if a second dose of measles, mumps, and rubella is to be administered. At least 1 month should elapse between a dose of a measles-containing vaccine such as MMRII, and a dose of ProQuad.</li> <li>• If for any reason a second dose of varicella-containing vaccine is required, at least 3 months should elapse between administration of the 2 doses.</li> </ul>			
<b>TriHIBit</b>	<b>Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b</b>	<b>≥ 12 mo – 7 yrs</b>	<b>12-15 mo</b>
<ul style="list-style-type: none"> <li>• Combination of Tripedia used to reconstitute ActHIB.</li> <li>• Intramuscular administration.</li> <li>• Approved <b>only</b> for the fourth dose of the DTaP and the booster (final) dose of a Hib series.</li> <li>• If administered as other than the fourth dose, DTaP dose can be counted as valid, however, the Hib dose must be repeated age-appropriately.</li> <li>• It is <b>not</b> approved by the FDA for use as the primary series at 2, 4, or 6 months of age and can only be used if the child is ≥ 12 months, <b>and</b> has received at least one prior dose of Hib vaccine 2 or more months earlier, <b>and</b> TriHIBit will be the last dose in the Hib series.</li> </ul>			
<b>TWINRIX</b>	<b>Hepatitis A, Hepatitis B</b>	<b>≥ 18 yrs</b>	<b>0, 1, and 6 mo</b>
<ul style="list-style-type: none"> <li>• Combination of pediatric HAVRIX and adult ENGERIX-B.</li> <li>• Intramuscular administration.</li> <li>• Hepatitis A vaccine is currently not recommended in Indiana.</li> </ul>			